

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

RECEIVED

03 FEB -3 10:15

1/30/03

LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

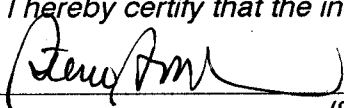
(Type or Print Clearly)

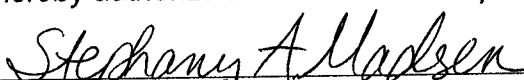
STATE OF HAWAII
STATE ETHICS COMMISSION

| | | | |
|-----------------------------------------------------------------------------------------------------------------|-----------|----------|------------|
| PART I LOBBYIST | | | |
| NAME(Last) | (First) | (Middle) | TELEPHONE |
| Hirano, | Steve | S. | 536-5688 |
| MAILING ADDRESS (Street) | (City) | (State) | (Zip Code) |
| 84 N. King Street | Honolulu, | HI | 96817 |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| Pacific Management Consultants, Inc. | | | 536-5688 |
| MAILING ADDRESS (Street) | (City) | (State) | (Zip Code) |
| 84 N. King Street | Honolulu, | HI | 96817 |

| | | | |
|--------------------------------------------------------------------------------|-------------|---------|--------------|
| PART II ORGANIZATION | | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | | TELEPHONE |
| American Resort Development Assn. | | | 202-371-6700 |
| MAILING ADDRESS (Street) | (City) | (State) | (Zip Code) |
| 1201 15th Street, NW, Suite 400 | Washington, | DC | 20005 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | | TELEPHONE |
| | | | |
| MAILING ADDRESS (Street) | (City) | (State) | (Zip Code) |
| | | | |

| | | | |
|------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------|
| PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY | | | |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

| | |
|--------------------------------------------------------------------------------------------------------------|---------|
| PART IV CERTIFICATION OF LOBBYIST | |
| I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. | |
|  | 1/16/03 |
| (Signature of Lobbyist) | (Date) |

| | | | |
|----------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------|------------|
| PART V AUTHORIZATION TO LOBBY | | | |
| NAME | | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED | |
| Stephany Madsen | | Vice President, Government Affairs | |
| NAME OF ORGANIZATION (if applicable) | | TELEPHONE | |
| American Resort Development Assn. | | 202 371-6700 | |
| MAILING ADDRESS (Street) | (City) | (State) | (Zip Code) |
| 1201 15th Street, NW, Suite 400 | Washington, | DC | 20005 |
| I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned. | | | |
|  | | 1-30-03 | |
| (Signature of Authorizing Officer or Person Represented) | | (Date) | |